

**ANTHONY WAYNE LOCAL SCHOOLS
CERTIFIED TIME RECORD**

NAME (PLEASE PRINT) _____ SS# LAST FOUR _____

SIGNATURE _____

DATE	REPLACING/POSITION	BLDG	START TIME	END TIME	# OF HOURS

PRINCIPAL'S SIGNATURE _____

TOTAL HRS _____

PAYROLL USE: # DAYS _____ RATE _____ TOTAL _____

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